

RELEASE OF INFORMATION

TO WHOM IT MAY CONCERN:

I hereby authorize the background investigator for Chesterfield County Human Resource Management to obtain records related to me, if any, from criminal justice agencies. I understand that the information released is for official use by Chesterfield County for the sole purpose of determining my eligibility to volunteer in the capacity designated below and may be disclosed to other persons only as necessary to determine my eligibility.

I understand that failure to provide all or part of the information may result in my disqualification as a volunteer. This release shall be effective on the date of its execution and expire upon completion of my background investigation.

Department/Agency: _____

Position: (if applicable) _____

Signature (Full Name): _____

Print Name (Full Name): _____

Other Names Used (Include Maiden): _____

Race: _____

Date of Birth: _____

Social Security Number: _____

Current Address: _____

Previous Address (Past 5 years): _____

Date: _____

Phone No. (h) _____ (w) _____
(Optional)